



**STATE OF GEORGIA  
DEPARTMENT OF MOTOR VEHICLE SAFETY**

**FACSIMILE TRANSMITTAL SHEET**

TO: GA Dept. of Motor Vehicle Safety	DATE:
P.O. Box 80447 Conyers, GA 30013 Attn: Accident Reporting FARS Unit	FROM:
FAX NUMBER: 678-413-8585	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER: 678-413-8805	SENDER'S PHONE NUMBER:
RE: <b>DMVS Traffic Fatality Notification</b>	SENDER'S FAX NUMBER:

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Driver: ☐ Passenger: ☐ Pedestrian: ☐ (Check One)

Date of Accident: \_\_\_\_\_

Date of Death (if different): \_\_\_\_\_

County: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Investigating Agency: \_\_\_\_\_

Investigating Officer: \_\_\_\_\_